U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved .Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-	2. Fiscal Year Covered From:
	7 / 2004 Through: 2 / 5 / 5007
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name USSE/12 A STILLER	Name BOLESON: Kick STACK
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7,555 571 E 4 VE 50 1 E 4 SU	Street Street
City City Control of the Control of	City City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests

(except as specified in the exclusions set forth in the instructions);

A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name #4866/64 @ 10166 0) (60157) vic 44	
Trade Name, if any:	IN THE CONSTRUCTION FRONTRY
P.O. Box, Bldg., Room No., if any	DATE OF EVENT PARES TORE
	7.b. Amount. FISH ING 50.00 \$
Street DEAST TOUS TAR AUTO TOUR MONEY	GOLF GIFT BASKET 75.00
City BASSER TON	1 125.00
State OFF OFF ZIP Code +4	
City 848852700	2125.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary vas substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from the consists of buying from or selling or leasing to, or other organization or selling or leasing directly or included in the consists of buying from organization or selling or leasing directly or included in the consists of buying from organization or selling or leasing directly or included in the consists of buying from organization or selling or leasing directly or included in the consists of buying from organization or selling or leasing directly or included in the consists of buying from organization or selling or leasing directly or included in the consists of buying from organization or selling or leasing directly or included in the consists of buying from organization or selling or leasing directly or included in the consists of buying from organization or selling or leasing directly or included in the consists of buying from organization or selling or leasing directly or included in the consists of buying from organization organization organization organization organization organization organization organization organization org	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name BOILERMAKER NATIONAL FONOS Trade Name, if any: BOILERMAKER TRUST P.O. Box, Bldg., Room No., if any Street JSA MINES OF A VE City KANSAS ZIP Code +6 BOI-27 B.	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. AND NOTE OF STARY OF STARY 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. SECTOR STARY OF STARY 12.b. Amount.	FRUST & NAVA ITY 6.5 BILLIO
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	er parts A and B above)	
13.b. Is the Business an Employer or Consultant ?	144.0. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name BOILERMAKERS NATIONAL FUNDOS Trade Name, if any: BOILERMAKER TRUST P.O. Box, Bldg., Room No., if any Street 754 MINESOTA AVE City KANSAS CITY State KANSAS ZIP Code + 66101-27165	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRUST EE O PE NOSTON E ANNUN ITH FRUST \$ SECRETARY OF ANNUN ITY TRUST 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. TRAVEL, MEALS & RELATED MEETING STACHED EXPENSE REJULT 12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

substantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	• .
Name BOILERMAKERS WATIONAL	a. Labor Organization	
Trade Name, if any: 80) LERMAKER TRUST	b. Trust	·
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 754 /// ES 01 A A VE		
City KANSAS CITY		
State XXXXX STATES ZIP Code + 66 U. 74.76.		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	TRUSTEE ON PO	178US7 #
Trade Name, if any:	SECRETARY OF A	NNUNITY
P.O. Box, Bldg., Room No., if any	TRUST	
Street	11.b. Approximate dollar value of such dealing.	6.4961.240).
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	PAUBL, MEALS ERELA	
	MERTING BEAENSES	NIE REPUEN
		en begreine beschiede eine de Kalande begreine beschiede
	12.b. Amount.	
	12.0. Amount	No. is a superior of the super
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

THIS VOUCHER IS FOR:	JOSEPH STINGER	(ANNUITY)	<u></u>		
Expenses in connection was forSETTLEMEN					
Other:	<u> </u>				
Transportation: Date of Dep	parture: ///2	9 Date of Ret	urn:		
Private automobile	miles atpe	r miles	\$		
□ Airfare or Other (Attach C	Copy of Ticket)		\$	117.0	00
☐ Transportation to/from Air	rport Terminal		\$	<u></u>	-
 Approved Rental Car (incl 	uding gas for rental car	r)	\$	55.5	6
☐ Hotel or Motel Expense fo	r Room Charge and tax	xes only (attach copy	of bill)\$ \$_ <i> \$4-2 </i>	184.3	2/_
□ Meeting Registration Fee:	(Attach Receipt)		\$		
Daily Expenses from rever	se side of voucher		\$	71.5	0
	•	TOTAL E	EXPENSES \$	428	27
LESS Advance (if any)				\$ (
□ Refund, which I owe to the	Trust Fund. My chec	k is attached.	;	\$	
☐ Amount owing me by the	Frust Fund. I request a	reimbursement of:	;	428	.27
I hereby certify that the expension connection with the Trust F		-		nd actually incu	ırred by m
DATE: /2/02/04 APPROVED BY:	SIGNATUI	RE: Lauph	a. Ale	ger	
APPROVED BY:		<i>V</i> .	Į.		- -

CHIS VOUCHER IS FOR:JOSEPH A. STINGER	
Expenses in connection with attendance at Trust Meeting on dates Nov 10-11 for Pension Investment Committee Meeting	2004 in Houston, Texas
D Other:	
Transportation: Date of Departure: ///10/04 Date of Return: //	1/11/04
Private automobile miles at per miles	
□ Airfare or Other (Attach Copy of Ticket)	\$ <u>355.20</u>
□ Transportation to/from Airport Terminal AIR PORT PARKING.	\$36.00
□ Approved Rental Car (including gas for rental car)	
□ Hotel or Motel Expense for Room Charge and taxes only (attach copy of bill) nights @ \$	\$139.23
□ Meeting Registration Fee: (Attach Receipt)	\$
Daily Expenses from reverse side of voucher	s <u>34.86</u>
·	ses \$ <u>565.29</u>
ESS Advance (if any)	\$(0)
Refund, which I owe to the Trust Fund. My check is attached.	\$ -
□ Amount owing me by the Trust Fund. I request a reimbursement of:	\$ 565.29
I hereby certify that the expenses detailed on this voucher are direct expenses propin connection with the Trust Fund activity noted above and not otherwise reimburgers.	sed.
DATE: 11/12/04 SIGNATURE: Joseph A. R. APPROVED BY:	tinge

Location:H	ouston, Texas	S			stment Commit	ttee Meeting	-
Number of Day	ys Spent on thi	s Activity, incl s which have l	uding Travel L been listed for)ays:2_ · reimburseme	_ ent on the fron	t of your Truste	e e
Expense Repo	ort. Attach re	ceipts for item	is over \$25.	1 cimpui scinc	ont on the fron		~
Date:	14/10	11/11	· · · · · · · · · · · · · · · · · · ·				
Breakfast:	7.25	- D ·					
Lunch:	-0-	-0 -	·				•
Dinner:	0.	20.21		· ·			
Snacks:							
Beverages:	· 	5.40 2.00	· 				
Tips: / Maid		2.00					
Taxi/Limo:							
Auto Rent:							
Mileage:							
Phone:							
Other:	. 						
Daily Total:	7.25	27.61					
							
Date:							÷
Breakfast:							
Lunch:							
Dinner:							
Snacks:							
Beverages:				,			
Tips:			-			, 	
Taxi/Limo:							
Auto Rent:							
Mileage:							
Phone:							
Other:							
Daily Total:				GRAND '	TOTAL	\$ 34.86	

AS VOUCHER IS FOR: Joseph A. Stinger	
☐ Expenses in connection with attendance at Trust Meeting at:	
Amelia Island, FL of September	r 18 – 23, 2004 Date(s)
Other:	• *
Transportation:	
Date of Departure Date of Return	
☐ Private Automobile Miles at375 Per Mile	\$_~~
Private Automobile Miles at375 Per Mile Air Fare	\$ 319.90
☐ Transportation to and from Airport, Terminal	
Approved Rental Car	
Hotel or Motel:	
Hotel or Motel Expense for Room Charge and Tax Only (Attach Copy of Bill)	<u>\$ 766.80</u>
Meeting Registration Fee:	
☐ Meeting Registration Fee Expense (Attach Receipt)	s <u>-c-</u>
Daily Expenses:	
Daily Expenses (From Reverse Side of Voucher)	\$ 188.21
TOTAL EX	
LESS: Advance (if any)	\$ <u>(</u>)
EQUALS	
☐ Refund which I owe to Trust Fund. My Check is attached	\$
Amount owing me by Trust Fund. I request reimbursement	
I hereby certify that the expenses detailed on this voucher are direct expenses properly ar connection with the Trust Fund Activity noted above and not otherwise reimbursed.	nd actually incurred by me in
9/24/04 Jasepha: Signature	28
Date Signature (<i>y</i>
APPROVED BY:	

- -----

Location	Amelia Island, FL			Nu	Number of Days Spent on this Activity		
Purpose	Board Meetings		Inc	Including Travel Days			
Do not inclu Report. Atta	ide any expenses ach receipts for i	s which have bed items over \$25.	en listed for rein	nbursement on	the front of you	r Trustee Expense	
Date	9/20	9/21	9/22	9/23	2/24		
Breakfast	7.69	-0.	0 -	0-	3.85		
Lunch	18.90	e-	10.00	-0-	11.63		
Dinner	12.75	23.96	15.00	63.38			
Snacks				· 	·		
Beverages		4.00	4.05				
Tips							
Taxi/Limo							
Auto Rent	·						
Mileage							
Phone	Portland A	mail	Masi	Must	mi si		
Other	3.00	3.00	3.00	2.00	201		
Daily Total	42.34	30.96	32.05	65.38	17.48	188.21	
Date					·		
Breakfast		·					
Lunch							
Dinner				 -	·		
Snacks			. ————————————————————————————————————	· .		· · · · · · · · · · · · · · · · · · ·	
Beverages				 -			
Tips ,				<u> </u>			
Taxi/Limo					· · · · · · · · · · · · · · · · · · ·		
Auto Rent		·			·	•	
Mileage				·			
Phone				· · · · · · · · · · · · · · · · · · ·			
Other			· · · · ·				
Daily Total							
				\mathbf{G}	RAND TOTAL	188.21	

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or income with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name SOILERMAKERS NATIONAL FUNCIS Trade Name, if any: SOILERMAKER TRUST P.O. Box, Bldg., Room No., if any Street SHANSAS CITY State KANSAS CITY	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRUST FE ON TRUST FROST F SECRETARY OF ANNOWITY TRUST 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. TRAVBL, MEALSE SELATED MERTING BY MEALS F SES, ATTACHER FY MENSE REJUST 12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the consultant to an employer any payment of money of the consultant to an	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	17.0. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name CHALAN ASSOCIATES				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street EAST AVE	c. Employer			
City 1/2-1/2 1/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-				
State CILLISTANIO ZIP Code + 4 ZCCC ZIP				
	11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name BOILER MAKERS BLACKS MITH WE NATION AL PENSION TRUST	FINANCIAL ADVISORS			
Trade Name, if any:	en e			
P.O. Box, Bldg., Room No., if any				
Street 755 MINNESOTAL AVE	11 h. Approximate dellar volve of such dealing.			
City KANSES CITY	Approximate dollar value of such dealing. Approximate dollar value of such dealing. Approximate dollar value of such dealing.			
State ZIP Code + Color + Code				
* ALSO THE: NATIONAL PENSION TRUST	PULTAMENT PRESENT OURING THICSTMENT COMMITTED MEETING.			
NATIONAL HEW TRUST	OURING TOYES MEETING			
BOTH AT THE ABUVE ABORESS				
BUIN AT THE THE TO THE BUTTON	12.b. Amount. 446.72			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

	<u> </u>	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name SLPKE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. BOILER MISSEL BLACKSMITH Name MISSEL BLACKSMITH Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. ATTOR WEY A UNIDA E VAR FUNIS 11.b. Approximate dollar value of such dea 12.a. Nature of interest held or income of UNASER WIT UNRIDUS ON COME	ling. Jakoba Marian Mar
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount or parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

10.-CONTINUED

THE OFFICERS & EMPLOYEES PENSION PLAN 753 STATE AUE KANSAS CITY, KS 66101

11(a) ATTORNEY FOR THE TRUST

of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization	vely seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name HCK HSSE MANNE ENTERNAMENT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street, 525	a. Labor Organization b. Trust c. Employer	
City CRSCV ZIP Code + 4 078/0		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	de l'estrat de la
Name BU ERMAKE A PATIONAL PENSION TRUST	MONEY MANAGER	ar German Se Segreti
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	that I was a second property of the second s	
Street Street	11.b. Approximate dollar value of such dealing.	Line
City AND STATE CONTROL OF THE CONTRO	12.a. Nature of interest held or income received.	
State K ZIP Confidence Zip Confidenc		
	12.b. Amount.	<u> </u>
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		Tube d Tube d
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
Form M-30 (2003)		

10. THE OPFICERS & EMPLOYEES PENSION PLAN 753 NEW BROTHER HOOM BLOG. KC, KS

11. (a) MONEY MANAGER
(b) \$10,122,093

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name SAUSA SUBSECTION OF TRADE Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust						
Street	c. Employer						
10, If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. DES GUATE A SUPERING SUPER						
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

substantial part of which consists of buying from, selling or leasing to heavy of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business yely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name / 15/15/16/16/16/16/16/16/16/16/16/16/16/16/16/	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street /// 5/0 /// 5/1 /// /// /// /// //// //	
City WASH INGTON	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ATTORNEY
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	CHRISTMAS FRUIT
	BASKET
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City Control of the C	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
	l

Name of Person Filing,	105	EPH	A.	57	PIV	SE	0

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name FIE FERMINICAL COLORS	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 7616777 VI 5 12 10 16 14 10 10	
City City	
State ZIP Code + 4	
10. If 9 b, or 9.c. is checked give trust or employer's name, SMITH	11.a. Nature of such dealing.
Name NATIONAL PENSION TROTE	SEEKING MONEY MANAGER STATUS
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 7.4	11.b. Approximate dollar value of such dealing.
City // A/CS/	12.a. Nature of interest held or income received.
State ZIP Code	CHRUT MAS HAM
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

. HIS VOUCHER IS FOR: Joseph A. Stinger	
☐ Expenses in connection with attendance at Trust Meeting at:	
Kansas City, KS of August 26, 2	004
Location Date(s)	
□ Other:	····
Transportation:	
Date of Departure Date of Return	
☐ Private Automobile Miles at375 Per Mile	
☐ Air Fare ☐ Other - (Attach Copy of Ticket)	
☐ Transportation to and from Airport, Terminal	.\$
☐ Approved Rental Car	.\$
Hotel or Motel:	
☐ Hotel or Motel Expense for Room Charge and Tax Only	\$
(Attach Copy of Bill)	-Φ
(Attach Copy of Bill)	
Meeting Registration Fee:	
☐ Meeting Registration Fee Expense (Attach Receipt)	.\$
Daily Expenses:	
☐ Daily Expenses (From Reverse Side of Voucher)	\$ 206.29
TOTAL EXPENSES	\$ 206.25
LESS: Advance (if any)	\$()
EQUALS	<u>, , , , , , , , , , , , , , , , , , , </u>
· ·	\$
☐ Refund which I owe to Trust Fund. My Check is attached	\$ 206.29
- Infount owing ine by Trust I did. I request remodiscinent	
I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually connection with the Trust Fund Activity noted above and not otherwise reimbursed.	incurred by me in
·	
8/27/04 Jaseph A. Sti Date Signature	nga
APPROVED BY:	

Breakfast Lunch B/49.17 NOTE: This lunch was for tent persons. See attached lied. ### Snacks Beverages Beverages UNION ROUIDED Tips Taxi/Limo Auto Rent Mileage Phone Other ICE Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other Model Auto Rent Mileage Phone Other	Location	Kans	as City, KS	, P	Number of Days Spent on this Activity			
Report. Attach receipts for items over \$25. Date \$\frac{9}{49.17}\$ Breakfast \$\textstyle=0^{-1}\$ Dinner \$\frac{55.00}{5.00}\$ Snacks Beverages \$\frac{0}{100}\$ Beverages \$\frac{0}{100}\$ Beverages \$\frac{0}{100}\$ Tips Taxi/Limo Auto Rent Mileage Phone Other \$\frac{1}{20}\$ Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other \$\frac{1}{100}\$ Auto Rent Mileage Phone Other Other	Purpose	Settle	ement Committee	I	Including Travel Days			
Breakfast Lunch B/49.17 NOTE: This lunch was for tent pinner 55.00 pusons Set atlashed list: ff Snacks Beverages Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other TCE Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other Other Mileage Phone Other	Do not inclu Report. Att	ade any expenses ach receipts for	s which have been listed items over \$25.	d for reimbursement of	on the front of your	Trustee Expense		
Lunch B 149.17 NOTE: This lunch was for tent 55.00 fersons. See attached list. HR Snacks Beverages UNION PROVIDED Tips Taxi/Limo Auto Rent Mileage Phone Other ICE 2.12 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other Total 206.37	Date	8/27	· <u> </u>					
Snacks Beverages UNION PROUIDED Tips Taxi/Limo Auto Rent Mileage Phone Other ICE 2.[3 Daily Total 206.27 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other Mileage	Breakfast	-0-		<u> </u>				
Snacks Beverages UNION PROUIDED Tips Taxi/Limo Auto Rent Mileage Phone Other ICE 2.[3 Daily Total 206.27 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other Mileage	Lunch	8 149.17	NOTE:	This lund	was for	n tenlo		
Snacks Beverages UNION PROUIDED Tips Taxi/Limo Auto Rent Mileage Phone Other ICE 2.[3 Daily Total 206.27 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other Mileage	Dinner	55.00	persons.	See attack	of list. 1	K .		
Tips Taxi/Limo Auto Rent Mileage Phone Other ICE 3.13 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Snacks		· <u></u>					
Tips Taxi/Limo Auto Rent Mileage Phone Other ICE 2.13 Daily Total 20 b.37 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Beverages	UNION	PROVIDED					
Auto Rent Mileage Phone Other ICE 2.13 Daily Total 206.37 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Tips		· · · · · · · · · · · · · · · · · · ·					
Mileage Phone Other ICE 2.13 Daily Total 206.37 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Taxi/Limo	<u> </u>	·					
Mileage Phone Other ICE 2.12 Daily Total 206.27 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Auto Rent					·		
Other ICE 2.12 Daily Total 206.27 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Mileage							
Daily Total 206.27 Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Phone							
Date Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Other ICE	2.12						
Breakfast Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Daily Total	206.29	·					
Lunch Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Date							
Dinner Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Breakfast			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Snacks Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Lunch							
Beverages Tips Taxi/Limo Auto Rent Mileage Phone Other	Dinner	·						
Tips Taxi/Limo Auto Rent Mileage Phone Other	Snacks							
Taxi/Limo Auto Rent Mileage Phone Other	Beverages					<u></u>		
Auto Rent Mileage Phone Other	Tips							
Mileage Phone Other	Taxi/Limo					•		
PhoneOther	Auto Rent							
PhoneOther	Mileage							
Other	Phone			· · · · · · · · · · · · · · · · · · ·				
	Other							
Dany Total								
GRAND TOTAL 206.29	•				GRAND TOTAL	206.29		

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the pour labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name BOILERMAKERS NATIONAL FONOS Trade Name, if any: BOILERMAKER TRUST. P.O. Box, Bldg., Room No., if any Street 254 MINES OTA AVE City KANSAS CITY State KANSAS CITY	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TROST EEO NO FE ANNUL IT! SECRETARY OF A TRUST 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	FRUST & NAUNITY 6.5 BILLION
	MEETING ETAENSES SEE ATTACHED EXPE 12.b. Amount.	WSE REPUR 11/06343
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

HIS YOUCHER IS FOR: Joseph A. Stinger	
☐ Expenses in connection with attendance at Trust Meeting at:	
Portland, OR of April 1, 2004	
Location Date(s)	
☐ Other:	
Transportation: Date of Departure $3/30/04$ Date of Return $4/02/04$	- A
Date of Departure 3/20/09 Date of Return 7/02/09	e -/2 -
Private Automobile Miles at Per Mile	
Air Fare Other - (Attach Copy of Ticket)	•
☐ Transportation to and from Airport, Terminal	
☐ Approved Relitar Car	
Hotel or Motel: Hotel or Motel Expense for Room Charge and Tax Only 30 146 35 (Attach Copy of Bill)	\$ <u>29250</u>
Meeting Registration Fee:	
☐ Meeting Registration Fee Expense (Attach Receipt)	\$0-
Daily Expenses:	15423
Daily Expenses (From Reverse Side of Voucher)	\$ /24231
TOTAL EXPENSES	
LESS: Advance (if any)	\$(-0-)
EQUALS	
☐ Refund which I owe to Trust Fund. My Check is attached	\$
Amount owing me by Trust Fund. I request reimbursement	\$ 1063, 43 M
I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually	v incurred by me in
connection with the Trust Fund Activity noted above and not otherwise reimbursed.	N I I
of a started	- Yoldin
april 06, 2004 Jasephll Blinge	V
Date Signature V	
APPROVED BY:	

Location	Portland, OR			Numb	er of Days Spent on	this Activity
Purpose	Pension Investr	ment Committ	ee	Includ	ling Travel Days _	3
Do not includ Report. Attac	le any expenses w ch receipts for ite	which have been sover \$25.	en listed for reimburs	sement on the	e front of your Tru	istee Expens
Date _	3/3/	4/01	4/02			
Breakfast	19.45 M	-0	8.38			
Lunch	-0-	-0				
Dinner	83.40 V	-0-				<u> </u>
Snacks		·			·	
Beverages		5.00				
Tips	4.00	2.00	2.00			
Taxi/Limo	30.00 V					·
Auto Rent			· ·		· · · · · · · · · · · · · · · · · · ·	
Mileage						
Phone					····	
Other						
Daily Total	136.85 N	7.00 H	10.38			
Date			•			,
Breakfast						
Lunch						
Dinner		·				
Snacks	•					
Beverages	-					
Tips		-				
Taxi/Limo		· · · · · · · · · · · · · · · · · · ·				
Auto Rent						
Mileage						
Phone						
Other		·				
Daily Total				 -		
					AND TOTAL	-412

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name BOILERMANERS NATIONAL Trade Name, if any: BOILERMANER TRUST P.O. Box, Bldg., Room No., if any Street 254 MINES OTA AVE City KANSAS CITY State KANSAS CITY	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. TRUSTEE 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	T. P. J. C. T. B.
P.O. Box, Bldg., Room No., if any	SECRETARY OF A	
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. TRAVEL MEALS FRELAT	6.5 B) W(0)
	MEETING PRPEASES SEE AITACHEA EXPE	NIE RETURN
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Location	San Diego, C	EA		Nu	mber of Days Spen	t on this Activity
Purpose	Board Meetin	gs		Inc	cluding Travel Da	ys
Do not includ Report. Attac	le any expenses ch receipts for it	which have bee ems over \$25.	en listed for rein	nbursement on	the front of your	Trustee Expense
Date	6/18	2/19	6/20	6/21	6/22	6/23
Breakfast	6.69	-0-	-0-	_0 -	-0-	<i>-0 -</i>
Lunch	9.16	_0-	10.82	25.55	9.00	11.83
Dinner	14.23	55.87	-0-	-0-	21.60	_0-
Snacks				<u> </u>		<u> </u>
Beverages	7.56			3.78		
Tips						
Taxi/Limo _						
Auto Rent	·		 			
Mileage _						
Phone _						
Other						
Daily Total	37.69	55.87	10.82	29.33	30.60	11.83
Date _			· · · · · ·			
Breakfast _	· · · · · · · · · · · · · · · · · · ·					
Lunch _						
Dinner _	 			, <u></u>	·	
Snacks _						
Beverages _						
Tips _				<u> </u>		
Taxi/Limo _		·		<u>.</u>		
Auto Rent _						
Mileage _		 .				
Phone _						
Other _						
Daily Total _						
					DAND TOTAL	171- Na

П. I	Expenses in connection with attendance at Trust Meeting at:	
	San Diego, CA of June 18 – 25, 2004	
	Location Date(s) Other:	
Transpor		
Date	of Departure $6/48/04$ Date of Return $6/23/04$	
	Private Automobile Miles at375 Per Mile	.\$ -0 -
	✓ Air Fare ☐ Other - (Attach Copy of Ticket)	
Hotel or	Motel:	
		\$ 1,225.45
	(Attach Copy of Bill)	
Meeting l	Registration Fee:	
	-	\$_ <i>-0</i> -
Daily Exp	penses:	
	Daily Expenses (From Reverse Side of Voucher)	s 176.09
	TOTAL EXPENSES	\$ 1902.90
LESS: A	lvance (if any)	\$ <u>(</u>
	EQUALS	_
. 🗆	Refund which I owe to Trust Fund. My Check is attached.	\$ 7 -
	Amount owing me by Trust Fund. I request reimbursement	\$ 1,902.90
I hereby c	ertify that the expenses detailed on this voucher are direct expenses properly and actually	
connectio	n with the Trust Fund Activity noted above and not otherwise reimbursed.	
	10 - 2000	0)
	Jaly 7, 2004 Jasephle Ster	20
	ED BY:	

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name BOILERMAKERS NATIONAL Trade Name, if any: BOILERMAKER TRUST	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Street 754 MINES OTA AVE	c. Employer	
city KANSAS CITY		
State KANSKS ZIP Code + 66/0/-27/66		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	TRUSTEE ON DE # ANNUN 174	TRUSTE
Trade Name, if any:	SECRETARY OF A	NAUNTTY
P.O. Box, Bldg., Room No., if any	TRUST	
Street	11.b. Approximate dollar value of such dealing.	WEST STREET
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	TRAVEL, MENLS & RELAT	
	TRAVEL, MEDLS É RELAT MEET ING EXPENSES SEE ATTACHER EXPE	US REPORT
	12.b. Amount.	Marco Za
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
	14.b. Amount of payment.	Henry Committee
13.b. Is the Business an Employer or Consultant ?	14.0.7 anduit of payment	

AS VOUCHER IS FOR: Joseph A. Stinger	
☐ Expenses in connection with attendance at Trust Meeting at:	
Las Vegas, NV of March 14 – 19, 200	04
Location Date(s) Other:	·
Transportation:	
Date of Departure $3/13/04$ Date of Return $3/19/04$	
Private Automobile Miles at375 Per Mile Air Fare	\$
Air Fare Other - (Attach Copy of Ticket)	\$ 606.20 /
Transportation to and from Airport, Terminal	\$ 73,601
☐ Approved Rental Car	
Hotel or Motel:	1039 86
Hotel or Motel Expense for Room Charge and Tax Only 6 @ 773 31	\$1059.86
Hotel or Motel: Hotel or Motel Expense for Room Charge and Tax Only	7,001
Meeting Registration Fee:	
☐ Meeting Registration Fee Expense (Attach Receipt)	\$
Daily Expenses:	· · · · · · · · · · · · · · · · · · ·
Daily Expenses (From Reverse Side of Voucher)	\$ 253.18
TOTAL EXPENSES	s \$ 1972.84 h
LESS: Advance (if any)	\$_()
EQUALS	
Refund which I owe to Trust Fund. My Check is attached.	\$1992.84
☐ Amount owing me by Trust Fund. I request reimbursement	\$ 1972.89 L
I hereby certify that the expenses detailed on this voucher are direct expenses properly and actuall connection with the Trust Fund Activity noted above and not otherwise reimbursed.	ly incurred by me in
3/22/04 Jaseph a. Stinge	
APPROVED BY:	

Location	Las Vegas, NV		Nu	mber of Days Spen	t on the Activity
Purpose	Board Meetings	<u> </u>	Inc	luding Travel Da	ys
Do not inclu Report. Atta	de any expenses which ach receipts for items ov	have been listed for per \$25.	eimbursement on	the front of your	Trustee Expense
Date	8/13/04 8/	14 8/15	8/16	8/17	8/18
Breakfast	-00	0-	0-	-0-	~0~
Lunch	11.17 -0	-0-	<u>-0-</u>	_0 -	-0-
Dinner	44.47 V - C	28.83	W 44.88		38.25 W
Snacks	<u> </u>	<u> </u>			
Beverages	9.	68r	MAINTOIN	OFA MILLY	
Tips	10,00 3.0	0 300	11.00	3:00	MAID
Taxi/Limo				· · · · · · · · · · · · · · · · · · ·	
Auto Rent					
Mileage					
Phone				FAY/MAIL	8,15 W
Other			·		·
Daily Total	65.64N 12	.68N 31.83	755.88r	3.00W	49.40
Date	8/19				
Breakfast	10.75				
Lunch					
Dinner	· ·				
Snacks					
Beverages	ATD & BAGGAGE				
Tips	800	· — — · — ·	-		
Taxi/Limo	16.00 N	·			
Auto Rent					
Mileage					
Phone	·				
Other					
Daily Total	34.75 W				- N
		•		GRAND TOTAL	253.18

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name BOILERMAKERS WATEOWOS	9. Business deals with: a. Labor Organization
P.O. Box, Bldg., Room No., if any Street 254 MINES OTA ANE City KANSAS CITY State KANSAS ZIP Code +66/01-2765	b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. TRUST EE ON AE NOSTON # ANNUNITY TRUST & SECRETARY OF ANNUNITY
P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	TRAVEL MEALS FRELATED MEETING EXPENSES SEE ATTACHED EXPENSE RETURN 12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
P.O. Box, Bidg., Room No., if any	
Street City	
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

HIS VO	UCHER IS FOR: Joseph A. Stinger	
. DE	Expenses in connection with attendance at Trust Meeting at:	
o	Palm Beach Gardens, FL of January 18 – 23, 2 Location Date(s) Other:	
		· ·
Transport		
Date	of Departure 1/17/04 Date of Return 1/23	
	Air Fare Other - (Attach Copy of Ticket)	\$ 346.40h
Hotel or N	Motel:	
	Hotel or Motel Expense for Room Charge and Tax Only	772 \$ 1663.20
Meeting R	Registration Fee:	
	Meeting Registration Fee Expense (Attach Receipt)	<u> </u>
Daily Exp	penses:	125.89~
	Daily Expenses (From Reverse Side of Voucher)	
	TOTAL EXI	41 7 7 110
LESS: Ad	Ivance (if any)	2135.49~
	EQUALS	4.1
г	Refund which I owe to Trust Fund. My Check is attached	c
[A
<u>a</u>	Amount owing me by Trust Fund. I request reimbursement	213571
I hereby ce connection	ertify that the expenses detailed on this voucher are direct expenses properly and in with the Trust Fund Activity noted above and not otherwise reimbursed. 2/02/04 Date Signature	
	Date Signature Signature	,
APPROV:	ED BY:	

Location	Palm Beach (Sardens, FL		Nu	mber of Days Sp	ent on this Activity
Purpose	Board Meetin	ıgs		Inc	cluding Travel D	ays
Do not includ Report. Atta	de any expenses och receipts for ite	which have bee ems over \$25.	en listed for rei	mbursement on	the front of you	r Trustee Expense
Date	1/17/04	1/18/04	1/19/04	1/20/04	1/21/04	1/22/04
Breakfast	11.32					
Lunch	23.88 h					
Dinner	49.47	/				
Beverages		·				
Tips	4.00	2.00	2.00	2.00	2.00	2.00
Taxi/Limo					<u> </u>	
Auto Rent						
Mileage		·				
Phone						COPIES & FA
BACLAGE Other	3.00		2.65	FAY4.24	FAY	7.32
Daily Total	91.67 M	1200 m	4.65 N	1 6.24m	3.06W	9.32
Date	1/23/04	<u>.</u>	·		·	
Breakfast	6.95 N			·		
Lunch	-0-					
Dinner	-0-	···-			·	
Beverages				·		
Tips	2.00					
Taxi/Limo						
Auto Rent		W. C.				
Mileage	•		·			·
Phone			·	·		
Other						
Daily Total	8.95 W): 				
	···-		· — — — — — — — — — — — — — — — — — — —			125.89~
			•	•	GRAND TOTAL	

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the consists of buying from the consist	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
NamBOILERMAKERS WESTERN STATES Trade Name, if any: WESTERN STATES P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust c. Employer
Street 2006 200	
City 72.7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	7 743 7
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	n en
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	TRAGEL, MEALS GRELD TEA MEET ING BURENISS
	GEE ATTACHED EXTENSE REFORT)
	an facility of the facility of the control of the c
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

BOILERMAKERS WESTERN STATES APPRENTICESHIP COMMITTEE EXPENSE STATEMENT

FROM DATE OF DEPAR	PORTATIO	OR LA	1000	ATTACH	PRIVATE AU	TO EXPENS	•	73.60
514		5/7			airport) AIR FARE (C	OACH / ECO	NOMY)	135.00
			INV	OICE NO.				TOTAL TRAVEL
								208.60
B - HOTEL [ACTUAL \	SINGLE R	ATE \ ATT	TACH RF	CEIPTS1			
	PAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
DATE & DAY	5/4	5/5						TOTAL HOTEL
ROOM COST	19229	112:29						384.58
C - DAILY EXF expenditures ov day travel after	/er \$25.00. D actual meetii	aily Expens ng.	es may be p	paid for on	e (1) day tra	vel before a	and one (1)	
	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7]
BREAKFAST LUNCH	13.96	-0-	13.76					
DINNER TIPS	22.65	6.15	5.00					
BEVERAGE	9.00	15.00	5.50					
PHONE OTHER								:
CAR RENTAL			80.26					
TAXI/LIMO	2.00		2.00					
								TOTAL DAILY EXP.
TOTALS	49.61	31.25	112.67					193.53
	HAT THE EXPEN	NSES DETAILE	ED ON THIS V	OUCHER AR	E DIRECT FX	MANAMAN PENSES		
THEREBY CERTIFY T	UALLY INCURRE	ED BY ME IN C	CONNECTION					7 86.71
PROPERLY AND ACT		, , , , , , , , , , , , , , , , , , , ,) He	ier			_	
PROPERLY AND ACTIVITIES NOTED A		anklists	KINAME		_		F	REIMBURSEMENT
PROPERLY AND ACTIVITIES NOTED A SUBMITTED BY (signal	ature):	asephili	·	Musio	l at		•	786.71
PROPERLY AND ACTIVITIES NOTED AI SUBMITTED BY (signal I REQUEST THE REIM	ature):		. /	Mysel	at		·	786.71
PROPERLY AND ACT	ature):		. /	Mysel	f at address	2.3	·	786.7[

ne of Person Filing	10CF	OH D.	STIND	LER
	, ~, , , ,	7 <i>1</i> 79 .		/

Held an interest in or derived income or economic benefit with monetary valustantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name BOILER MAKERS WESTERN STATES Trade Name, if any: WESTERN STATES JAC P.O. Box, Bldg., Room No., if any Street P.O. BOX 14460 City EAST AELENA, MT State MT ZIP Code +4 \$7635	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	TRUSTEE-SECRE	TARY OF
Trade Name, if any:	TRUST	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	15 MILLION
City State ZIP Code + 4	12.a. Nature of interest held or income received. TRAVEL MEAES & RELAD MEET いんしゃく PE んぷ	75 0
	MEET ATTACHED ETTEN	SE REPURT)
	and the second s	
	12.b. Amount.	27/5K(12/68/46)
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street Street		
City State ZIP Code + 4		
State ZIP Code + 4	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?	· · · · · · · · · · · · · · · · · · ·	

BOILERMAKERS WESTERN STATES APPRENTICESHIP COMMITTEE EXPENSE STATEMENT

NAME			DRESS					REXPENSE	
SEPH A.S.	'INGER	7700 NO	O BLUD. P.			2 7/	13-16	2004	
	ION OF MEET	MG	7	DATES OF N	eeting .				
S POKANE									
WESTER	N.ST	1785	JAC	MEB	TING				j
A- TRANS	PORTATIO	N INFORI	MATION (ATTACH F	ECEIPTS)			
FROM			TO			,			
KC		DATE OF RE	VE & RO				E (IRS RATE)	-0-	
DATE OF DEPAR		PARKING/TAXI/LIMO (to/from airport)							
7/13/04 7/16/04 airport) AIR FARE (COACH / ECONOMY) INVOICE NO. 005268(GM N ZAZ								589.40	
The state of the s								TOTAL TRAVEL	
									į
B - HOTEL [ACTUAL \ SINGLE RATE \ ATTACH RECEIPTS]									
DATE & DAY	DAY 1	7/14	7/15	DAY 4	DAY 5	DAY 6	DAY 7		
ROOM COST	166.65	166.6	164.65					TOTAL HOTEL 499.95)
]
C - DAILY EXP	ENSES: Ma	ximum of \$	75.00 with	accountabil	ity, receipt	s must acc	ompany all		
expenditures over \$25.00. Daily Expenses may be paid for one (1) day travel before and one (1) day travel after actual meeting.									
day travel after a	DAY 1	DAY 2	DAY 3	DAY 4	DAVE	DAY 6	DAY 7		••
DDEAKEACT	1100	1200	15.58	9.76	DAY 5	DATE			7
BREAKFAST LUNCH	11.73	20.22	17.86	11.13					1
DINNER TIPS	4.00	10.10	6.00	6.00]
BEVERAGE	7.00	70.00	6.00	8.00			=======================================		•
PHONE OTHER MAID		3.00	3.00	3.00					-
CAR RENTAL		3.00							1
TAXI/LIMO		**********************		4.10]
								TOTAL DAILY EX	ίΡ. ¬
TOTALS	<u> 34.78</u>	68.05	42.44	46.64	*************			1/9/-89] :::::
I HEREBY CERTIFY TH	•						********************	GRAND TOTA	۸L
ACTIVITIES NOTED A					AP INUST FO	טאנ		1,358.82	ļ
SUBMITTED BY (signa	iture):	aupho	1. Sting	ver,			F	REIMBURSEMEN	ΙΤ
I REQUEST THE REIM	BURSEMENT E	BE MADE PAY	ABLE TO:		Stugs	-		1,358.84	1
AND SENT TO THE FO	LLOWING ADD	RESS: 7	53 57	ATE A	VE, S	V17E 4	50	•	
KANSA			6610						
	/				r				
TRANSPORTATION	SUMMARY		HOTEL	SUMMARY [DAIL	SUMMARY		
GRAND TOTAL SUN	IMARY		ŘEIMBUI	RSEMENT SUM	MARY				

Name of Person Filing	JOSEPH	D . \mathcal{G}	ミナノハク	LER

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
NamBOILER MAKERS WESTERN STATES Trade Name, if any: WESTERN STATES JAC P.O. Box, Bldg., Room No., if any Street P.O. BOX JABO City EAST A ELENA, MIT	a. Labor Organization b. Trust c. Employer
State MT ZIP Code + 4 1763 C	·
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	TRUSTEE-SECRETARY OF
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	TRAVEL, MEALS FRELATED MEET, NO 154 PENSES
	SEE ATTACHED EXTENSE RETURN)
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Str	
City The Company of t	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

BOILERMAKERS WESTERN STATES APPRENTICESHIP COMMITTEE EXPENSE STATEMENT

NAME ADDRESS	DATEFLEDE	JE EXPENSE
JOSEPH A.STINGER 7700 NW BLUD. PKW		9/09-09-
HELENA 9/01-0	Meeting.	
AUDINOP OF METTING		
VISIT WS JAC OFFICE & M	EET WI COOKOINA?	UR
	+5+5+5+5+5+5+5+5+5+5+5+5+5+5+5+5+5+5+5	
A- TRANSPORTATION INFORMATION (ATTACH FROM TO	RECEIP 15)	
KC HELENA	PRIVATE AUTO EXPENSE (IRS RATE	1
DATE OF DEPARTURE DATE OF RETURN	PARKING/TAXI/LIMO (to/from	
9/01 9/02	airport) AIR FARE (COACH / ECONOMY)	
INVOICE NO.		TOTAL TRAVEL
		486.90
B - HOTEL [ACTUAL \ SINGLE RATE \ ATTACH RE	CFIPTS	
DAY1 DAY2 DAY3 DAY4	DAY5 DAY6 DAY7	
DATE & DAY		TOTAL HOTEL
ROOM COST		
C - DAILY EXPENSES: Maximum of \$75.00 with accountal		
expenditures over \$25.00. Daily Expenses may be paid for or day travel after actual meeting.	ne (1) day travel before and one (1)	
DAY1 DAY2 DAY3 DAY4	DAY 5 DAY 6 DAY 7	•
BREAKFAST O O		
LUNCH / /		
DINNER TIPS		
BEVERAGE		
PHONE OTHER		
CAR RENTAL		
TAXI / LIMO 39.50 40.00		
		TOTAL DAILY EXP.
TOTALS 39.80 40.00		<u> </u>
I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER A		GRAND TOTAL
PROPERLY AND ACTUALLY INCURRED BY ME IN CONNECTION WITH THE WACTIVITIES NOTED ABOVE AND NOT OTHERWISE REIMBURSED.	VSAP TRUST FUND	56670
SUBMITTED BY (signature): auch a stuger	·	REIMBURSEMENT
	STINGER	
AND SENT TO THE FOLLOWING ADDRESS: OFFICE	A DARESS	
AND OLIVITO THE FOLLOWING ADDRESS.		
TRANSPORTATION SUMMARY HOTEL SUMMARY	DAILY SUMMARY	
GRAND TOTAL SUMMARY REIMBURSEMENT SU		
	<u> </u>	

B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
NamBOILERMAKERS WESTERN STATES		
Trade Name, if any: WESTERN STATES JAC	a. Labor Organization	
	b. Trust	•
P.O. Box, Bldg., Room No., if any	c. Employer	
Street <u>P.O. BOX 14460</u>		
City EAST HELENA, MT	·	
State ZIP Code + 4 59 62 5		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	TRUSTEE-SECKE	TARY
Trade Name, if any:	TRUST	
P.O. Box, Bidg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	TRAVEL, MEALS & RELA MEET ING EXPENS (SEE ATTACHED EXPEN	ZAA Sandanana
	WEEL, N.C. EX LEVY	
	12.b. Amount.	沙沙尼亚的《李明
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	
<u></u>		

BOILERMAKERS WESTERN STATES APPRENTICESHIP COMMITTEE EXPENSE STATEMENT

NAME		ADD	RESS	71 /// 11/		DAT		REXPENSE	,
JA STINGE						<i>6413</i> 2	10//3	14,7009	4
L PHEO	DN OF MEET	AZ		DATES OF 1 12 / 13-14	1,2009				
PURPOSE OF	MEETING								
A- TRANSF	PORTATIO	N INFORM	TO (ATTACHT	RECEIPTS)			
KC		PHEC	INIX			TO EXPENSE]
DATE OF DEPART		ATE OF BET	URN_		airport)	XI/LIMO (to/f	•	79.60	
1012104		with the	/ INI'	VOICE NO.	AIR FARE (C	OACH / ECOI	NOMY)	231.70	
				VOICE NO.	 			7/1.30	1
					SELDTO				
B - HOTEL [A	DAY1	DAY 2	DAY 3	DAY 4	DAY5	DAY 6	DAY 7		
DATE & DAY	151.29							TOTAL HOTEL	
ROOM COST								151.29]
C - DAILY EXP									
day travel after a				-					
	- 414.4	D 437.0	~ = X/ A						
	12/13	DAY 2/14	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7		_
BREAKFAST LUNCH	12/13	12/14 -0- 20:39	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7]
LUNCH DINNER	75.13	12/14 -0- 2039 -0-	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7		
LUNCH DINNER TIPS BEVERAGE	12/13 -0- 21/24 75.13	13/14 -0- 30:39 -0- 4-10	DAY3	DAY 4	DAY 5	DAY 6	DAY 7		
LUNCH DINNER TIPS	12/13 -0- 21/24 75.13	12/14 -0- 2039 -0-	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7		
LUNCH DINNER TIPS BEVERAGE PHONE	12/13 -0- 21.84 75.13	12/14 -0- 2039 -0-	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7		
LUNCH DINNER TIPS BEVERAGE PHONE OTHER CAR RENTAL	12/13 -0- 21 84 75.13	12/14 -0- 2039 -0-	DAY3	DAY 4	DAY 5	DAY 6	DAY 7	TOTAL DAILY E	XP.
LUNCH DINNER TIPS BEVERAGE PHONE OTHER CAR RENTAL	12/13 -0- 21 84 75.13 -3-	13/14 -0- 20:39 -0- -4-w	DAY3	DAY 4	DAY 5	DAY 6	DAY 7	TOTAL DAILY E	
LUNCH DINNER TIPS BEVERAGE PHONE OTHER CAR RENTAL TAXI / LIMO TOTALS		12/14 -0- 20:39 -0- 4-w					DAY 7	121.36	
LUNCH DINNER TIPS BEVERAGE PHONE OTHER CAR RENTAL TAXI / LIMO TOTALS I HEREBY CERTIFY TH PROPERLY AND ACTU	IAT THE EXPENIALLY INCURRE	13/14 -0- 2039 -0- 21-10 3439 Ses Detaile D by Me in C	D ON THIS YOUNGECTION	VOUCHER AR	DIRECT EX	PENSES	DAY 7	TOTAL DAILY E	
LUNCH DINNER TIPS BEVERAGE PHONE OTHER CAR RENTAL TAXI / LIMO TOTALS	MAT THE EXPENDALLY INCURRESOVE AND NOT	13/14 -0- 2039 -0- 21-10 3439 Ses Detaile D by Me in C	D ON THIS YOUNGECTION	VOUCHER AR	DIRECT EX	PENSES		727.36 GRAND TOT. 583.95] AL
LUNCH DINNER TIPS BEVERAGE PHONE OTHER GAR RENTAL TAXI / LIMO TOTALS I HEREBY CERTIFY TH PROPERLY AND ACTU ACTIVITIES NOTED AE	MAT THE EXPEN JALLY INCURRE BOVE AND NOT	2439 2439 2439 SES DETAILE OTHERWISE OF	D ON THIS NO ONNECTION REIMPHASEL	VOUCHER AR	DIRECT EX	PENSES		121.36] AL
LUNCH DINNER TIPS BEVERAGE PHONE OTHER GAR RENTAL TAXI / LIMO TOTALS I HEREBY CERTIFY TH PROPERLY AND ACTU ACTIVITIES NOTED AE SUBMITTED BY (signal	MAT THE EXPENDALLY INCURRESOVE AND NOT STUTE INCURRESOVE AND NOT STUTE IN THE INCURRENCE IN THE INCURE	2439 2439 2439 SES DETAILE ED BY ME IN COTHERWISE F	D ON THIS NO ONNECTION REIMPHASEL	VOUCHER AR	DIRECT EX	PENSES		727.36 GRAND TOT. 583.95] AL
LUNCH DINNER TIPS BEVERAGE PHONE OTHER GAR RENTAL TAXI / LIMO TOTALS I HEREBY CERTIFY TH PROPERLY AND ACTU ACTIVITIES NOTED AE SUBMITTED BY (signal	MAT THE EXPENDALLY INCURRESOVE AND NOT STUTE INCURRESOVE AND NOT STUTE IN THE INCURRENCE IN THE INCURE	2439 2439 2439 SES DETAILE ED BY ME IN COTHERWISE F	D ON THIS NO ONNECTION REIMPHASEL	VOUCHER AR	DIRECT EX	PENSES		727.36 GRAND TOT. 583.95] AL
LUNCH DINNER TIPS BEVERAGE PHONE OTHER GAR RENTAL TAXI / LIMO TOTALS I HEREBY CERTIFY TH PROPERLY AND ACTU ACTIVITIES NOTED AE SUBMITTED BY (signal	MAT THE EXPENDALLY INCURRESOVE AND NOT STUTE INCURRESOVE AND NOT STUTE IN THE INCURRENCE IN THE INCURE	2439 2439 2439 SES DETAILE ED BY ME IN COTHERWISE F	D ON THIS NO ONNECTION REIMPHASEL	VOUCHER AR	DIRECT EX	PENSES		727.36 GRAND TOT. 583.95] AL
LUNCH DINNER TIPS BEVERAGE PHONE OTHER GAR RENTAL TAXI / LIMO TOTALS I HEREBY CERTIFY TH PROPERLY AND ACTU ACTIVITIES NOTED AE SUBMITTED BY (signal	IAT THE EXPEN JALLY INCURRE BOVE AND NOT BURSEMENT B	2439 2439 2439 SES DETAILE ED BY ME IN COTHERWISE F	D ON THIS NO CONNECTION REIMPHASEL	VOUCHER AR	DIRECT EX	PENSES		727.36 GRAND TOT. 583.95] AL

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	•
Name BOLLER MAKERS UNCATION		
Trade Name, if any: ** ** ** ** ** ** ** ** ** ** ** ** **	a. Labor Organization	
	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street Control of the State Co		
City CASA 10 A A A A A A A A A A A A A A A A A A	•	
State ZIP Code 44		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	TRUSTEE OF T	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	en de Sala de Carlos de Carlos de April de Carlos de Carlos de Carlos de Carlos de Carlos de Carlos de Carlos Carlos de Carlos de C	
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	TRAVEL, MEALS	g Related
	MEETING EXPENSE	
	(SEE ATTACHED EX	PENSE OF THE
	REPOR	
	12.b. Amount.	eien eine
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
- Scattlet Anaditist		

TRUSTEE EXPENSE VOUCHER

BOILERMAKER VACATION TRUST (Name of Trust Fund(s))

THIS VOUCHER IS FOR:	- CASTACHALLE	4 10/15 10 2401
EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST	(Location)	(Date(s))
☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCA		· · · · · · · · · · · · · · · · · · ·
		(Location)
ON SPONSORED BY	(Meeting Sponsor)	
	(Meening Sponsor)	
☐ OTHER: (Describe f	Reason for Incurring Expenses)	
TRANSPORTATION:		
DATE OF DEPARTURE 10/25/04 DATE OF RETUR	RN 10/28/04	
□ PRIVATE AUTOMOBILE MILES AT	& PER MILE	\$ 411.90
□ AIRFARE □ TRAIN □ BUS (ATTACH COPY OF TICK		
RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL	•	·
HOTEL OR MOTEL:		
☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL)		······································
MEETING REGISTRATION FEE:		
MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT	Τ)	5
DAILY EXPENSES:		
· · · · · · · · · · · · · · · · · · ·	(80001700)))	\$ <u>@</u>
☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) TOTAL EXPENSE	ES	\$ ⁹ 411.90
	SETTLEMENT	
TOTAL EXPENSES WHICH I INCURRED	**************************************	
LESS THE AMOUNT I RECEIVED AS AN	ADVANCE (IF ANY)\$	
	EQUALS	
☐ REFUND WHICH 1 OWE TO TRUST FUND	D. MY CHECK IS ATTACHED\$	
	OR	
☐ AMOUNT OWING ME BY TRUST FUND. (REQUEST REIMBURSEMENT,\$	
I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOV	/E.	
DATED THIS 19	DAY OF AUC. 2004. 753	STATE AVE, SUITE
Joseph U. Mugh	FA DAY OF AUC. 2004. 753 KC, KS 66101 (Address	750
(Signature of Trustee)		
NOTETO TRUSTEE: This voucher is for expenses personally incurred by you as a Trust Fund, do not list on this voucher, if you travel with a family member or other person included on any of the attached bills or receipts, you should note the necessary adjustment of occupancy by a family member, subtract the difference between the double room and not be listed if they are otherwise included with air transportation or included on hotel or	in not connected with the Trust Fund, the expenses of such perso nents on the bill or receipt. (For example: If the hotel or motel bill o id a single room and indicate on the bill that only the balance is b or motel bills. If any expense them requires an explanation, mark i	in are not reimbursable. If such expenses are contains a charge for a double room because eing charged to the trust fund.) Meals should the flom with an asterisk and write the expla-
nation on the reverse side of this voucher. Reimbursement of expenses claimed on this SPACE FOR USE OF ADMINISTRATIVE AGEN	voucher is subject to any expense policy or limitation which may to	BI I BLAY DECEMBER 6000 on Abloban well- serveny bly mapfild mad incleditualism.

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name BOILERMAKERS VACATION TRUST Trade Name, if any: VACATION TRUST P.O. Box, Bldg., Room No., if any Streat 10 N EDWOOD KD, STEEF City CASTRO VALLEY State CA ZIP Code 944346-8757	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	TRUSTEE ON T	RUST
Street	11.b. Approximate dollar value of such dealing.	Delta de la constant
City State ZIP Code + 4	12.a. Nature of interest held or income received. 7 RAUEL, MEALS.	& KELLIER
	MEETING EXPENSE (SEE ATTACHED E REPOR	-S IPENSE
	12.b. Amount.	PUR WAS ARE
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name		
P.O. Box, Bldg., Room No., if any		
Street		
City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Joseph Stinger

TRUSTEE EXPENSE VOUCHER

BOILERMAKER VACATION TRUST

(Name of Trust Fund(s)) THIS VOUCHER IS FOR: EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT Carmel, Calif. ON Oct. 26-27, 2004 (Location) ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT ON 10/25-27, 2004 SPONSORED BY BOILENMAKER VACATION TRUST
(Session Date(s)) (Meeting Sponsor) OTHER: (Describe Reason for Incurring Expenses) TRANSPORTATION: DATE OF DEPARTURE 10/05/04 DATE OF RETURN 10/07/04 MILES AT 37.5¢ ¢ PER MILE.....\$ □ PRIVATE AUTOMOBILE (ATTACH COPY OF TICKET)\$ ☐ AIRFARE ☐ TRAIN ☐ BUS ☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL)......\$ **HOTEL OR MOTEL:** ☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL).....\$ **MEETING REGISTRATION FEE:** ☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT)......\$ **DAILY EXPENSES:** SETTLEMENT LESS THE AMOUNT | RECEIVED AS AN ADVANCE (IF ANY)\$ **EQUALS** ☐ REFUND WHICH I OWE TO TRUST FUND, MY CHECK IS ATTACHED.......\$ MAMOUNT OWING ME BY TRUST FUND. 1 REQUEST REIMBURSEMENT...... \$ 248.79 I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE DAY OF OCT , 20 0 4. 753 STATE AUE, SUITES

KC, KS 66101 NOTELE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees. SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

		'S FOR ANY SINGLE ITE			
, ,		IND ACTIVITY INCLUDING TRA	<u>ٿ</u>		
DATE: 10/25/09		DATE: 10/26/04	/	DATE: 10/27/3	1
BREAKFAST & TIP	\$ 12.96	BREAKFAST & TIP	\$ <u>19.50</u>	BREAKFAST & TIP	s <u>12.76</u>
LUNCH & TIP	\$ 16.10	LUNCH & TIP	\$ 23-78	LUNCH & TIP	\$
DINNER & TIP	s 12.13	DINNER & TIP	\$ <u>-0-</u>	DINNER & TIP	\$
BEVERAGES & TIP	\$ 16.3	BEVERAGES & TIP	\$ 9.86	BEVERAGES & TIP	\$
PORTERS—BELLMEN	\$ 3.00	PORTERS—BELLMEN	\$	PORTERS-BELLMEN	\$
LIMOS-TAXIS-BUSES	\$ 74.80	LIMOS-TAXIS-BUSES	\$	LIMOS-TAXIS-BUSES	\$ 39.80
	. \$	Maid /FAY	\$ 3.00	Maid	\$ 3.00
(Other)	s 135.12	(Other)	. 50 11	(Other)	s 55.56
TOTAL THIS DATE	\$ 100.18	TOTAL THIS DATE	\$ <u>58.//</u>	TOTAL THIS DATE	\$ <u>JJ-36</u>
DATE		DATE.			
DATE:		DATE:BREAKFAST & TIP	<u></u>		
BREAKFAST & TIP	3		•	IF MORE THAN	•
LUNCH & TIP	\$	LUNCH & TIP	\$	ATTACH AN AD	
DINNER & TIP	\$	DINNER & TIP	\$	VOUCHER	oneei
BEVERAGES & TIP	\$	BEVERAGES & TIP	\$		
PORTERS—BELLMEN	\$	PORTERS—BELLMEN	\$		
LIMOS-TAXIS-BUSES	\$	LIMOS-TAXIS-BUSES	\$		
/Out-od	\$	(Othor)	\$		
(Other)	_	(Other)			
TOTAL THIS DATE	\$	TOTAL THIS DATE	\$		
TOTAL OF ALL DAILY EXPEN	Ito front side of vouche	in)			
(naisiei anouri				***************************************	***************************************
EXPLANATIONS (IF NEEDED):					
		<u> </u>			·

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot and will not set "ground rules." We will, however, provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used *only* for the benefit programs and for *reasonable expenses* in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimbursement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.

Name of Person Filing	JOSEPH	1.	STINGER	7
-	U U/3 U F //	//	<i></i>	•

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
MOBILIZATION OFT IMPLATION STABILITY ZATION & TRAIN INC. Trade Name, if any: MOST	a. Labor Organization 3. Trust	
P.O. Box, Bldg., Room No., if any Street Str	c. Employer	·
City KANSAS CITY		
State ZIP Code + 4		ļ
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	TRUSTEE OF TH	
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any		
Street	11.b. Approximate dollar value of such dealing.	10 1/4 (0.1862)
City 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12.a. Nature of interest held or income received.	
State ZIP Code + 4	TRAVEL MEALS BREAKS MEST / NO ET PENS	
·	CSEE ATTACHEN EN AS	
	12.b. Amount.	1225.67
C. Received from any employer (other than an employer covered unde	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	·
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Application of the state o		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	



THIS VOUCHER IS FOR: JOSEPH A. STINGER	
Expenses in connection with attendance at Trust Meeting at:	
NAPLES of 2/18-	20, 2004
Location	Date(s)
Other:	· •
Transportation: Date of Departure: 2/14/04 Private Automobile 1,000 Mires 375.00 Mile	0/27/04
Private Automobile 1000 Mires 375.00 Mile	\$ 3750CO
☐ AirFare ☐ Train ☐ Other - (Attach Copy of Ticket)	\$
☐ Transportation to and from Airport, Terminal	\$
☐ Parking	
Hotel or Motel: Hotel or Motel Expense for Room Charge and Tax Only (Attach Copy of Bill)	\$ · 777.45
Meeting Registration Fee: Meeting Registration Fee Expense (Attach Receipt)	<u>.</u> \$
Daily Expenses: Daily Expenses (From Reverse Side of Voucher)	\$ 223.22
TOTAL EXPENSES	\$
LESS: Advance (if any)	_\$()
EQUALS	
Refund which I owe to Trust Fund. My Check is attached	\$
Amount owing me by Trust Fund. I request reimbursement	\$ 1,375.67
I hereby certify that the expenses detailed on this voucher are direct expensions of the connection with the Trust Fund Activity noted above and a supplied of the connection with the Trust Fund Activity noted above and a supplied of the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the Trust Fund Activity noted above and the connection with the trust Fund Activity noted above and the connection with the connectio	get otherwice reimburged
Date Sign	ature
APPROVED BY:	

NOTE: This voucher is for direct expenses personally incurred by you. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example; if the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location N.	APLES		Number of Days Spent on this Activity					
Pumpose M			Including Travel Days 3					
		which have been been been which have been with the world in the been with the bear with the been with the been with the been with the been with t	en listed for reimb ver \$25.	oursement on th	ne front on your	Trustee		
Daite ,	2/18	2/19	2/20					
Brea kfast	4.50	4.75	14.62					
Lumch ,	22.96	7.96	16.21					
Dimmer	24.10	22.96	25.00 *	* actor	hill 48.6	0 but		
Bewerages	15.00	23.16		no re	recht.			
Tip:s Ta:xi/Limo	12.00	11.00	19.00					
Autto Rent								
Milieage								
Phone						-		
Other								
Daiily Total	78.56	69-83	74.83			-		
Datte								
Brea kfast								
Lumch								
Dimon er								
Bewerages						 		
Tipes								
Taxi/Limo								
Auto Rent						***************************************		
Mileage								
Phone					1	<u></u>		
Othne:r								
Daiily Total				<u> </u>				

GRAND TOTAL 223.22

Name of Person Filing JOSEPH A. STINGER

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in	Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business an employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise ealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any).	9. Business deals with:								
MOBILIZATION OFTIMIZATION STABILIZATION TRAINING Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 753 STATE AUG SUITESON City KANSAS CITY State KANSAS ZIPCode +4 Laboration	a. Labor Organization 3. Trust c. Employer								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.								
Name	TRUSTEE OF TR	VST 1							
Trade Name, if any:									
P.O. Box, Bldg., Room No., if any		All and Table 1995 Has the Parking and a special							
Street The Street Stree	11.b. Approximate dollar value of such dealing.	WIMILION							
City	12.a. Nature of interest held or income received.								
State ZIP Code + 4 Z	TRAVEL, MEALS BRELA MEETING BY PENS	7 50 (4. 20)							
	(SEE ATTACHED EVAEN	SE REPORT							
		on commence of the Color Programme of Programme							
	12.b. Amount.								
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	<u> </u>							
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	Marini Karasa 22 marini 23.							
Name									
Trade Name, if any:									
P.O. Box, Bldg., Room No., if any									
Street									
City									
State ZIP Code + 4									
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.								

Gainsharing / MOST EXPENSE REPORT

ALL receipts, regardless of amount, must be attached. ALL expenses including Corporate Charges must be shown.

ALL receipts, regardles	s or amount	, iliust be a	<u>trached. At</u>	L expenses	neinatud Co	iporate cii	arges must i	ie silowii.
City / State Traveled:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
NAPLES &	2/15/04	2/16/00	-					
MARCO ISLAND	, , , ,	7 907	2/17/04					TOTALS
1. HOTEL / MOTEL		355.10	259.15					614.25
2. BREAKFAST		12.15						16.65
3. LUNCH		13.75	21.75					35.50
4. DINNER			23.00					46.22
5. BEVERAGES		20.00	15.00					35.00
3. AIRFARE								
7. GROUND FRANSPORTATION								
3. CAR RENTAL								
B. GAS AND OIL								
0. PARKING								
1. TOLLS				<u>.</u>				
2. PHONE								
3. TIPS		17.00	17.00					34.00
4. MEETING XPENSES								
5. MILEAGE @ .375								,
axes / Miscellaneous		}						
Personal								
OTAL TRIP EXPENSES	7	441.22	340.40					
OTAL REIMBURSED								70111
TO MEMBER	<u>) K</u>	141.22	540.4Q	<u>. </u>				781.62
	STATE B	USINESS	PURPOS	E - PEOPL	E MET WI	TH		

3,000 MILES ROUND TRIP	
1/3 00 1,000 TO MUST 2/3 00 2,000 TO BOILERMAKE	ERS
SIGNATURE Jaseph W. Stronger	DATE 3/1/04
FOR OFFICE USE	

	ACCOUNTING USE ONLY					
HECK NUMBER:	Account #	Amount \$				
NTE:	Account #	Amount \$				
PROVED BY:	Account #	Amount \$				

Name of Person Filing JOSEPH A. STINGER

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.		
8. Name and address of Business (including trade name, if any). MOBILIZATION OFTIMIZATION STABILITY ZATION TRAIN INC. Trade Name, if any: MOBILIZATION OFTIMIZATION STABILITY Trade Name, if any: MOBILIZATION OFTIMIZATION STABILITY Trade Name, if any:	9. Business deals with: a. Labor Organization 3. Trust	
P.O. Box, Bldg., Room No., if any Street 753 574 75 A UE SUITERO City KANSAS C174 State KANSAS ZIP Code + 4 LB/0/	c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	TRUSTEE OF TH	
Trade Name, if any:	16.	
P.O. Box, Bldg., Room No., if any		Application of the second section is
City City Control of the Control of	11.b. Approximate dollar value of such dealing.	VEMILLY OF
State ZIP Code + 4	12.a. Nature of interest held or income received. 1.PXIVEL MEALS SEED IN EET / P. G. P.	NTEO TOTAL
	MERTING BY ABAS (SEE ATTACHED BY AE)	Vee REPURIY
	12.b. Amount	VPZ/SOVZ
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of	r parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(Including trade name, if any).		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	STEEL PROPERTY STATES OF STREET STREET, STREET STREET, STREET STREET, STREET, STREET, STREET, STREET, STREET,	
City		
State ZIP Code + 4 I ZIP Code + 4 I		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	



THIS VOUCHER IS FOR: JOSEPH A.	ST INGE	R	
Expenses in connection with attendance at Trust Meet	ing at:		
KOHLER, WI Location	of 8/2	5 2004 Date(s)	
Other:	 		· · · · · · · · · · · · · · · · · · ·
Transportation: Date of Departure: $8/2$	Date of Return:	8/5	
Private Automobile Miles at	Per Mile	_\$	
☐ AirFare ☐ Train ☐ Other – (Attach Copy of Tick	et)	\$	
☐ Transportation to and from Airport, Terminal		_\$	······································
☐ Parking			
Hotelor Motel: Hotel or Motel Expense for Room Charge and Tax On (Attach Copy of Bill)	ly	_\$	538.58
Meeting Registration Fee: Meeting Registration Fee Expense (Attach Receipt)	•	\$	
Daily Expenses: Daily Expenses (From Reverse Side of Voucher)		\$	305.20
T	OTAL EXPENSES	s <u></u> \$	
LESS: Advance (if any)		_\$(843.78
EQUALS			
Refund which I owe to Trust Fund. My Check is attack	hed	\$	-0-
Amount owing me by Trust Fund. I request reimburs	ement	_\$	843.78
I hereby certify that the expenses detailed on this vouche incurred by me in connection with the Trust Fund Activity	r are direct expended above and asuph O.	nses properly not otherwi	y and actually se reimbursed.)
Date	Sig	nature	
ADDDOVED BY:			

NOTE: This voucher is for direct expenses personally incurred by you. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund do not list on this voucher. If you travel with a family member or other person no connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example; if the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this vouche is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location KO	HLER,	WI	Nur	mber of Qays Sp	ent on this Activi	ty
Purpose	10ST M	EETINGL	Inc	luding Travel Da	iys <u>4</u>	
Do not include Expense Report				bursement on th	ne front on your T	rustee
Date	8/03	8/04	8/05	. ·		
Breakfast	-0-	-0-	12.15			
Lunch	-0-	-0-	13.25			
Dinner	29.02	-0-	<u></u>			
Beverages						
Tips (MA (0) Taxi/Limo	3.00	3.00	3.00			
Auto Rent		*	241.78			
Mileage			211-73			
Phone		 				
Other						
Daily Total	3202	_ 3.00.	220.18			
Date						
Breakfast				•		<u> </u>
Lunch						
Dinner						
Beverages	· · ·					
Tips				,		
Taxi/Limo					 	
Auto Rent						•
Mileage	*** · · · · · · · · · · · · · · · · · ·					
Phone						***
Other						

Daily Total

GRAND TOTAL 365.26

Name of Person Filing	JOSEPH	A.	STINGER

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or income.	Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business fan employer whose employees your labor organization represents or is actively seeking to represent, or 2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise ealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any).	9. Business deals with:								
MOBILIZATION OFTIMIZATION STABILITY ZATION & TRAINING Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 753 STATE AUE SUITEROL City KANSAS CITY State KANSAS ZIP Code +4 4610	a. Labor Organization 3. Trust c. Employer								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,								
Name	TRUSTEE OF TRUST								
Trade Name, if any:									
P.O. Box, Bldg., Room No., if any									
Street	11.b. Approximate dollar value of such dealing.								
City	12.a. Nature of interest held or income received.								
State ZIP Code + 4	TRAVEL MEALS BRELATED MEET / N.C. BY PENS PS								
	(SEE ATTACHED EXPENSE REPUR	3							
	12.b. Amount.								
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money									
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.								
Name									
Trade Name, if any:									
P.O. Box, Bldg., Room No., if any									
Street Company of the									
City									
State ZIP Code + 4									
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.								

Gainsharing / M OST EXPENSE REPORT

*ALL receipts, regardless of amount, must be attached. ALL expenses including Corporate Charges must be shown.

City / State Traveled:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
								TOTALS
1. HOTEL / MOTEL		269.29						269.29
2. BREAKFAST		-0-						-0.
3. LUNCH		-0-						-0 -
4. DINNER		8.93						8.53
5. BEVERAGES		-0-						-0-
6. AIRFARE		421.20						421.20
7. GROUND TRANSPORTATION								
8. CAR RENTAL								
9. GAS AND OIL								
10. PARKING								
11. TOLLS								
12. PHONE								
13, TIPS 14, MEETING EXPENSES								
15, MILEAGE @ .375								
Faxes / Miscellaneous								
Personal								
TOTAL TRIP EXPENSES								
TOTAL REIMBURSED TO MEMBER	- 6	699.33						699.33

	STATE BUSINESS PURPOSE	- PEOPLE MET WITH	
			·
SIGNATURE JOUGH	a. Stinger	DATE 8/16/04	
	FOR OFFICE U	SE ONLY	

FOR OFFICE USE ONLY REIMBURSEMENT INFORMATION

	ACCOUN	ACCOUNTING USE ONLY		
HECK NUMBER:	Account #	Amount \$		
ATE:	Account #	Amount \$		
PPROVED BY:	Account #	Amount \$		

Name of Person Filing	JOSEP	HA. S	STINGER
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). MOBILIZATION OFTIMIZATION STABILITY ATION TRAINING. Trade Name, if any:	9. Business deals with: a. Labor Organization			
P.O. Box, Bidg., Room No., if any Street 753 STATE AUGSUTESON City KANSAS CITY	c. Employer			
State KANSAS ZIP Code + 4 6600 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. TRUSTEE OF TRUST			
P.O. Box, Bidg., Room No., if any				
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. TRAPEL MEALS & RELATED			
	MEET IN G. EXPENSES (SEE ATTACHED EXPENSE REPUR)			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Name				
P.O. Box, Bldg., Room No., if any				
Street				
City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			



THIS VOUCHER IS FOR: JOSEPH A. STINGE	<u> </u>		
Expenses in connection with attendance at Trust Meeting at:			
MYRTLE BEACH of 10/02 Location	-03,2004		
Location	Date(s)		
Other:			
Date of Departure: 10/03/04 Date of Return:	10/08/04		
Private Automobile Miles at Per Mile	\$		
AirFare 🗌 Train 🔲 Other – (Attach Copy of Ticket)	\$ 131.45		
Transportation to and from Airport, Terminal	\$ 36.80		
☐ Rental Car	\$		
Parking \$			
☐ Hotel or Motel Expense for Room Charge and Tax Only (Attach Copy of Bill)	\$ 657.80		
☐ Meeting Registration Fee Expense (Attach Receipt)	\$		
☐ Daily Expenses (From Reverse Side of Voucher)	\$		
TOTAL EXPENSES	\$ 173.82		
LESS: Advance (if any)	\$(-0 -		
EQUALS			
Refund which I owe to Trust Fund. My Check is attached	\$ - O -		
Amount owing me by Trust Fund. I request reimbursement	\$ 999.97		
I hereby certify that the expenses detailed on this voucher are direct expensincurred by me in connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the Trust Fund Activity noted above and noted to be a supplied to the connection with the trust Fund Activity noted to be a supplied to the connection with the trust Fund Activity noted to be a supplied to the connection with the connection wi	ot otherwise reimbursed		
Date Signa	ature		
APPROVED BY:			

NOTE: This voucher is for direct expenses personally incurred by you. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example; if the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location MY	RILE BE	ACH	Number of Days Spent on this Activity
Purpose TRIPART (TE		-	Including Travel Days
Do not include Expense Repo	e any expenses v ort. Attach recei	which have been list pts for items over \$	ted for reimbursement on the front on your Trustee 25.
Date	10/02	10/03	
Breakfast	13.75	12.95	
Lunch	15.10	17.82	
Dinner	22.50	23.60	
Beverages	21.10	19.00	
Tips	14.00	14.00	
Taxi/Limo			
Phone			
Other			
Daily Total	8645	87.37	
Date			
Breakfast			
Lunch			
Dinner			
Beverages			
Tips			
Taxi/Limo			
Phone			
Other			
Daily Total			
			GRAND TOTAL 173.82
Mailing Addres	ss:		
_	_ : -		

Name of Person Filing JOSEPH A. STINGER

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name FIVALCIAL COUNSELORS INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4442 W. 4 7 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name VATL. PLUS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code CODE NATION AL HEW TRUST (OVER)	11.a. Nature of such dealing. MONEY MANAGES OF SHAPE TRUST 135 M DEUSION TRUST 391 M 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

10. THE OFFICERS & EMPLOYEES

PENSION PLAN

753 NEW BROTHERHOODD BLDG, SUITESHE

KANSAS CITY

KS 66101

11 a MONEY MANAGER b \$59,085,880

8. Name and address of Business (including Inder name, if any). Name P.O. Box, Bldg, Room No., if any Street 11. In Nature of such dealing 12. In Nature of interest held of income received 13. In Nature of interest held of income received 13. In Nature of other than an employer or or other thing of value. 13. In Nature of other thing of value. 13. In Nature of payment. 14. In Nature of payment. 15. Approximate dollar value of such dealing. 15. Approximate dollar value of such dealing. 16. Annount. 17. Annount. 18. Annount. 19. Annount	B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
Name AFT OUT TOOK Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Cody AFT TOOT AS Nature of interest held or income received. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of morey or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code +4 14.b. Amount of payment.	Name CHARLES TAC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	a. Labor Organization b. Trust	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Cod ALSO-NATIONAL H & W TRUST	MUNEY MONAGER MANAGER	
(Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	C. Received from any employer (other than an employer covered unde	r parts A and B above)	
13.b. Is the Business an Employer or Consultant ?	(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		
	13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

10. THE OFFICERS & EMPLOYEES PENSION PLAN 153 NEW BROTHER HOOD BLOG., SUITE 568 KANSAS CITY KS 66101

11. a. MUNEY MANAGER b. \$59,085,880

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B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name FINANCIAL COUNSELORS INC	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
City		
10. If 9.b. or 9.c. is checked give trust or employer's name. **Name** **N	11.a. Nature of such dealing. INDINEY MANAGE HEALTHAWBLEARET	R M g
Trade Name, if any:	PENSIDN TRUST	约
P.O. Box, Bldg., Room No., if any	lover)	2960
Street S. A. C. City M. C. C. City M. C.		VESTEMINE ON
State ZIP Code	12.a. Nature of interest held or income received.	
NATIONAL HEWTRUST	TRUST	· /// ///
(OVER)	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		period a sign experior management and experior
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

10. THE OFFICERS & EMPLOYEES PENSION PLAN
753 NEW BRUTHER ADDA BLAG.
KC, KS 66101

11.1a) MONEY MANACER b \$59,085,880 Name of Person Filing JOSEPH A. STINGER

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:	• .	
Name FINANCIAL COUNSELORS INC.	Everyment		
Trade Name, if any:	a. Labor Organization	·	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street #12.W.42.48.57.	c. Employer		
City KINGAS CITY			
State 71/5500/61 ZIP Code + 4 641/6 7/05			
10 If 0 h. or 9 c. is obecked give trust ocemployer's name.	11.a. Nature of such dealing.		
10. If 9. b. or 9. c. is checked give trust or employer's name. **BO I E R MAKER BLACK OUT A Name NATE: ENGINEER TRUST	MONEY MANAGE HEALTH QUELFARE	z w i	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	PENSION TRUST	Lyca.	
Street Charles Control of the Contro	(OVER)	2964	
City VAV CITY	11.b. Approximate dollar value of such dealing.	Western Les Di	
State ZIP Clabita - 8 216	12.a. Nature of interest held or income received.		
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NATIONAL HEWTRUST	and the second of the second o		
		and the state of t	
(O VER)	12.b. Amount.		
C. Received from any employer (other than an employer covered under			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.	· ·	
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

10. THE OFFICERS & EMPLOYEES PENSION PLAN
753 NEW BROTHERHOOD BLDG.
KC, KS 66101

11.a MONEY MANAGER b \$59,085,880

substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name BROTHERHOOD BADKSHOLES THE Trade Name, if any: BROTHERHOOD BADKSHOLES THE P.O. Box, Bldg., Room No., if any Street The MUESOTA AUCKUE City KADSAS CETT	a. Labor Organization b. Trust c. Employer	
	11.a. Nature of such dealing.	
** BOLLER MAKEIS BLACKSMITH Name WATION AL IENSION TROST	CUSTONIAL AGENT NATIONAL TEUSTA	
Trade Name, if any:	TRUST FULLY	
P.O. Box, Bldg., Room No., if any		
Street Street	11.b. Approximate dollar value of such dealing.	W.W. M. LEBY. I.L.
City /// SIS CON	12.a. Nature of interest held or income received.	
State KHUSAS ZIP Code 440 3760	MEMBER OF BOOK BIRECTURS: 4	
NATIONAL ANNUNITY	DINNER (2) 493.	a – is all medial lines. A Zastren in is as section
NATIONAL ANNUNITY NATIONAL HEW TRUST	CHRIST MAJ BANKET 15.0 .	
BOTH @ THE ABOUE ADDRESS	12.b. Amount.	4 3 3 7 7 1
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the control of the contro	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
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City Company of the C		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
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No. If 9.b. or 9.c. is checked give trust or employer's name. ROLER MANCES BLACKS MITH Name NATIONAL BUSINE TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State X ALSO THE NATIONAL ANNUNITY NATIONAL HEW TRUST BOTH Q THE ABOUE ADDRESS (OVER)	11.a. Nature of such dealing. LUSTO DIAL ALLEGATION AT LONG ALLEGATIO	S BILLION
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

10-CONTINUED THE OFFICERS & EMPLOYEES PENSION PLAN 153 STATE AUG, SUITE 565 KANSAS CITY, KS 66/01

Ma money MANAGER

CUSTODIAL BANK

(b) \$ 69, 477, 220

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
dealing with your labor organization or with a trust in which your labor organization. 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Aff.9.b. or 9.c. is checked give trust or employeds name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.		
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BOTH @ THE ABOUE ABORESS (OVER)	12,b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
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P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?			

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THE OFFICERS & EMPLOYEES

PENSION PLAW

753 STATE AUE, SUITE 565

KAWSAS CITY, KS 66101

11 (a) MONEY MANAGER/CUSTODIAL BANF

CUSTODIAL BANK

(b) 69, 477, 220

13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
State ZIP Code + 4		
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Street		
P.O. Box, Bldg., Room No., if any		
Trade Name, if any:		
Name		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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	11 a Nature of cush dealing	
City X 4 10 4 15 C 27 V State X 4 10 C A 5 ZIP Code + 4 6 6 (0)		
Street 756 MIUNE OTA AVENUE		
P.O. Box, Bldg., Room No., if any	c. Employer	
Trade Name, if any: SROTABAHOOO GNAK	a. Later Organization	
Name SKOTHER BANK SHARES	a. Labor Organization	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	-
substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or directly to, or otherwise	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a		

10-CONTINUED

THE OFFICERS & EMPLOYEES PENSION RLAN

753 STATE AVE

KC,KS 66101

(b) B 69, 477, 220